

**Michigan Department of Community Health**  
**Newborn Screening Pulse Oximetry Equipment -Loan Program Application**

The purpose of the Newborn Screening (NBS) Pulse Oximetry Equipment Loan Program for Out-of-Hospital birth attendants (midwives) is to make screening for critical congenital heart disease (CCHD) available to all newborns in Michigan. Please complete the application form, review the attached agreement, and include a copy of your CCHD Screening Policy with the application.

Application Date: \_\_\_\_\_

Midwife or Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Geographic location(s) served: \_\_\_\_\_

Estimated annual births *(based on 2013 births)*: \_\_\_\_\_ Area Served \_\_\_\_\_

If approved to receive pulse oximetry equipment *I agree to:*

- ☐ Share equipment for nearby out-of-hospital births (as requested) :
- ☐ Screen babies born to other midwives in the area (as requested)
- ☐ Develop and maintain written policies and protocols for newborn pulse oximetry screening.
- ☐ Participate in and require trainings approved by the MDCH for all users of the equipment.
- ☐ Sign and abide by the MDCH NBS Pulse Oximetry Equipment Loan Agreement

Special Requests or considerations:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Please note: Due to the limited number of pulse oximeters available, equipment placement decisions will be based on numerous factors that maximize access to CCHD screening including but not limited to: number of births, geographic location and proximity to another screening site.

Notification of acceptance to the program will be sent by the NBS Program within 3 months of receipt of application.

\_\_\_\_\_

MDCH NBS use only: Approve: Yes ☐ No ☐ Conditionally: \_\_\_\_\_

***Michigan Department of Community Health***  
**Guide for Written Policies and Protocols for Newborn Pulse Oximetry Screening:**

The Michigan Department of Community Health (MDCH) Newborn Screening (NBS) Program requires the creation of and adherence to written policies\* and protocols for all midwives and facilities using MDCH's newborn pulse oximetry equipment for out-of-hospital births.

A newborn CCHD screening protocol should be written in a manner that will allow someone unfamiliar with newborn CCHD screening to understand each aspect of your program. The following elements should be included but may be modified to fit your practice setting:

1. Mission statement about universal newborn CCHD screening.
2. Screening policies to include but not limited to:
  - a. Initial screening process (when it's performed, where & technology used). Screening will be performed using the MDCH Approved Algorithm (attached and available at [www.michigan.gov/cchd](http://www.michigan.gov/cchd));
  - b. Rescreen process;
  - c. Communicating results with MDCH NBS Program and the child's family; and
  - d. Referring the newborn for follow-up of a failed screen.
3. Screener training and competency protocols.
4. Equipment loan procedures (for loaning oximeters to other midwives):
  - a. Check Out/In Process;
  - b. Length of Check Out.
5. Procedures and written documentation for the reporting process:
  - a. How all screening results and parent refusals are reported to the MDCH NBS Program;
  - b. How babies' physicians are notified of screening results;
  - c. How results and information are provided to families, including non-English speaking families.
6. Policy for equipment cleaning, maintenance, calibration, and record keeping.
7. Policy for referral procedures for failed screens or if baby is unable to be screened.

*\*Please include a copy of your CCHD Screening Protocol with your application*

**Michigan Department of Community Health**  
**Newborn Screening Pulse Oximetry Equipment Loan Agreement**

This agreement is made between the Michigan Department of Community Health Newborn Screening Program (MDCH NBS Program) and the “Host Site” for use of MDCH’s NBS Pulse Oximetry Equipment (“Equipment”)

Name of Facility/ Host Site: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Contact person: \_\_\_\_\_

**TERMS AND CONDITIONS**

**1. Term of loan:**

The agreement is in effect for a period of two (2) years from the last date signed. This agreement may be terminated with 30 days written notice by either party. Any misuse of Equipment will result in immediate termination of the agreement. If desired by the Borrower, the agreement may be renewed every 2 years with approval of the MDCH NBS Program.

**2. Equipment:**

**Equipment shall consist of the following items:**

- Masimo Rad 5 Handheld Pulse Oximeter with protective boot
- Reusable Newborn Pulse Ox Probe.

**3. Retention of ownership and use of Equipment:**

MDCH NBS Program retains ownership of Equipment. Host site shall not lease, transfer, sell, or dispose of Equipment. Host Site shall develop and maintain written policies and procedures for newborn pulse oximetry screening in accordance with the MDCH NBS Program Guide. Host site shall ensure that all users of Equipment are properly trained in accordance with the MDCH Approved Algorithm as provided in Attachment A, and shall maintain a log of all trained midwives who check out Equipment. Checkout of equipment shall be limited to between 24 and 48 hours duration. Host site shall ensure that Equipment is used solely for newborn CCHD screenings. Information required in this section shall be provided to MDCH NBS Program upon request.

**4. Screenings:**

Host site agrees to provide newborn CCHD screening to all infants born in their care, and to provide CCHD screening for out-of-hospital births nearby when screening is requested. Host site shall update MDCH NBS Program of any changes to geographic locations served and shall maintain a log of all use of Equipment including dates, users, and locations. Host site shall provide this information to MDCH NBS Program upon request.

## 5. Screening Data

**Equipment shall be used to collect newborn CCHD screening data.** Host Site agrees to share all CCHD screening data it collects and provide the screening data to the State of Michigan in accordance with the requirements of section 5431 of the Public Health Code, MCL 333.5431. Newborn CCHD screening data may be reported to the MDCH NBS Program using the eReports module or paper form provided by MDCH.

## 6. Loss or Damage

Host Site shall be responsible for the proper use and care of Equipment and for all loss or damage that occurs to Equipment during the term of this agreement. It is recommended that you add the equipment to any existing insurance coverage you or your practice may have to cover any loss or damage to the items.

## 7. Supplies and materials:

**The Host Site is responsible** for contacting the MDCH NBS Program using the information provided below to obtain all necessary supplies and educational materials.

## 8. Liability

**The Host Site** is solely responsible for any liability incurred in the use of Equipment.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

All questions regarding the MDCH NBS Program may be directed to Keri Urquhart, CCHD Nurse Educator: (517) 335-8135 or via email at [urquhartk1@michigan.gov](mailto:urquhartk1@michigan.gov)

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Equipment delivered by: \_\_\_\_\_,  
Representative of the MDCH (Print Name above):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_